

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11480 -62-044659  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

STATE FILE NUMBER

FILED DEC 7 1962

## 1. PLACE OF DEATH

a. COUNTY -----

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
2 Daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Deaconess HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St Louis

c. CITY OR TOWN Cool Valley

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1212 WelubaReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Cecelia

Morrison

11 28 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-30-1893

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Franklin Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Bolzenius

## 13b. MOTHER'S MAIDEN NAME

Anna Voss

## 14. NAME OF HUSBAND OR WIFE

John Morrison

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Wilbur Morrison 1212 Weleba St. Louis 21, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease with decompensation

INTERVAL BETWEEN ONSET AND DEATH  
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized arteriosclerosis

10 yrs.

## DUE TO (c)

420.0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-28-62 to 11-28-62 and last saw her alive on 11-28-62

Death occurred at 8:25 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

634 N. Grand Blvd.

## 22c. DATE SIGNED

11-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11-29-62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary

## 23d. LOCATION (City, town, or county)

Edwardsville,

## (State)

Illinois

## 24. FUNERAL DIRECTOR

Pieper Funeral Home

## 25. DATE RECD. BY LOCAL REG.

Ill.

## 26. REGISTRAR'S SIGNATURE

NOV 29 1962

## 27. REGISTRAR'S SIGNATURE

Boad Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1

3

4 1

5 2

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7 0

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11

12 59-0

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58

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by NOT EMBALMED, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Henry J. Pieper  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address Granite City, Ill.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.